

Affidavit Application Form

a) Applicant 1 (Fill out applicant 2 for more than one applicant)

1. Identification

| | |
|--|--|
| 1.1 Surname <input style="width: 95%;" type="text"/> | 1.2 Other Surnames <input style="width: 95%;" type="text"/> |
| 1.3 First and Middle Name <input style="width: 98%;" type="text"/> | |
| 1.4 Gender 1.5 Marital Status <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Free Union | |

2. Identification/Passport Information

| | |
|--|--|
| 2.1 Dominican Documents | 2.2 Other Country _____ |
| Passport # <input style="width: 95%;" type="text"/> | Passport # <input style="width: 95%;" type="text"/> |
| Cedula # <input style="width: 95%;" type="text"/> | ID # <input style="width: 95%;" type="text"/> |
| Other (Specify) <input style="width: 95%;" type="text"/> | Other (Specify) <input style="width: 95%;" type="text"/> |

3. Birth and Nationality Information

| | |
|--|--|
| 3.1 Date of Birth | 3.2 Country of Birth |
| <input style="width: 25px;" type="text"/> dd <input style="width: 25px;" type="text"/> mm <input style="width: 40px;" type="text"/> yyyy | <input style="width: 95%;" type="text"/> |
| 3.3 State <input style="width: 98%;" type="text"/> | |
| 3.4 City <input style="width: 98%;" type="text"/> | |
| 3.5 First Nationality <input style="width: 98%;" type="text"/> | |
| 3.6 Second Nationality (If any) <input style="width: 98%;" type="text"/> | |

4. Education

| |
|---|
| 4.1 Highest Academic Degree <input style="width: 98%;" type="text"/> |
| 4.2 Occupation <input style="width: 98%;" type="text"/> |

5. Current Location (Residence)

| |
|---|
| 5.1 Country <input style="width: 98%;" type="text"/> |
| 5.2 State <input style="width: 98%;" type="text"/> |
| 5.3 City/ Zip Code <input style="width: 98%;" type="text"/> |
| 5.4 Address <input style="width: 98%;" type="text"/> |
| 5.5 Home Telephone Number <input style="width: 98%;" type="text"/> |
| 5.6 Mobile Telephone Number <input style="width: 98%;" type="text"/> |
| 5.7 Work Telephone Number <input style="width: 98%;" type="text"/> |
| 5.8 Fax Number <input style="width: 98%;" type="text"/> |
| 5.9 E-mail <input style="width: 98%;" type="text"/> |

a) Applicant 2

1. Identification

| | |
|--|--|
| 1.1 Surname <input style="width: 95%;" type="text"/> | 1.2 Other Surnames <input style="width: 95%;" type="text"/> |
| 1.3 First and Middle Name <input style="width: 98%;" type="text"/> | |
| 1.4 Gender 1.5 Marital Status <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Free Union | |

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| Other (Specify) <input style="width: 95%;" type="text"/> | Other (Specify) <input style="width: 95%;" type="text"/> |

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| 3.4 City <input style="width: 98%;" type="text"/> | |
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Affidavit Application Form

b) Affidavit Purpose

c) Witness

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3. Birth and Nationality Information

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|--|----------------------|------|------|--|
| 3.1 Date of Birth | 3.2 Country of Birth | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border: 1px solid black; text-align: center;">dd</td> <td style="width: 20%; border: 1px solid black; text-align: center;">mm</td> <td style="width: 60%; border: 1px solid black; text-align: center;">yyyy</td> </tr> </table> | dd | mm | yyyy | <input style="width: 95%;" type="text"/> |
| dd | mm | yyyy | | |
| 3.3 State <input style="width: 98%;" type="text"/> | | | | |
| 3.4 City <input style="width: 98%;" type="text"/> | | | | |
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